APPLICATION DATA SHEET

Application Information

Secrecy Order in Parent Appl.?::

| Application Number:: | |
|----------------------------------|---|
| Filing Date:: | |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | No |
| Number of Copies of CRF:: | |
| Title:: | Color Twisted Nematic Liquid Crystal Displays |
| Attorney Docket Number:: | 016660-189 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 11 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |

No

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Hoi-Sing

Middle Name::

Family Name::

KWOK

Name Suffix::

City of Residence::

Clear Water Bay

State or Province of Residence::

Kowloon

Country of Residence::

HONG KONG

Street of Mailing Address::

Senior Staff Quarters, Tower & 9B, The Hong

Kong University of Science and Technology

City of Mailing Address::

Clear Water Bay

State or Province of Mailing Address:: Kowloon

Country of Mailing Address::

Hong Kong

Postal or Zip Code of Mailing

Address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Hong Kong

Status::

Full Capacity

Given Name::

Xing-Jie

Middle Name::

Family Name::

Yu

Name Suffix::

City of Residence::

Clear Water Bay

State or Province of Residence::

Kowloon

Country of Residence::

HONG KONG

| Street of Mailing Address:: | | The Hong Kong University of Science and | | | | | |
|--|----------------|---|---------------|---------------------------------------|-----------|--|--|
| | | Technology | | | | | |
| City of Mailing Address:: | | Clear Water Bay | | | | | |
| State or Province of Mailing Address:: | | Kowloon | | | | | |
| Country of Mailing Address:: | | Hong Kong | | | | | |
| Postal or Zip Code of Mailin | ng | | | | | | |
| Address:: | | | | | | | |
| Correspondence Info | rmation | | | | | | |
| Correspondence Customer | 21839 | | | | | | |
| Phone Number:: | | (703) 836-6620 | | | | | |
| Fax Number: | (703) 836-2021 | | | | | | |
| Representative Inform | nation | | | | | | |
| Representative Customer N | Number:: | 21839 | | | | | |
| Domestic Priority Information | | | | | | | |
| Application:: | / Type:: Pare | | nt | Parent Filing | | | |
| | | | Application:: | | Date:: | | |
| | | | | | | | |
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| | | | 1 | · · · · · · · · · · · · · · · · · · · | | | |
| Foreign Priority Information | | | | | | | |
| Country:: Application | | on Number:: | | Filing Date:: | Priority | | |
| | | <u></u> | | | Claimed:: | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Assignee Information

Assignee Name::

The Hong Kong University of Science and

Technology

Street of Mailing Address::

City of Mailing Address::

Clear Water Bay

State or Province of Mailing Address:: Kowloon

Country of Mailing Address::

Hong Kong

Postal or Zip Code of Mailing

Address::